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White House Conference on Aging—Report of the Nutrition Section

MARGARET R. STEWART, *Consumer and Food Economics Research Division*

The White House Conference on Aging was held in Washington, D.C., November 28 through December 2, 1971. The Conference offered State and local officers and workers and organization representatives an opportunity to consider priorities and recommend policies which would help solve the problems faced by the 20 million aging persons in the United States and its possessions.

Each conferee was assigned to one of the fourteen subject area sections. Each section dealt with one area of concern to the aging, such as housing, income, transportation, and nutrition. In this issue of Nutrition Program News we will present the decisions of the Nutrition Section of the White House Conference on Aging.

PRECONFERENCE ACTIVITIES

Prior to the Conference, the Technical Committee for the Nutrition Section considered the problems of the aging which have nutritional implications. The committee formulated six "issues" addressed to these problems and developed several recommendations for solutions. The delegates to the Nutrition Section discussed these issues, established priorities among the nutritional needs of the elderly, and made recommendations for action.

Conference sessions and recommendations

Dr. Jean Mayer, chairman of the Nutrition Section, noted that of all people the aged "can least wait" for

changes. He suggested to the delegates in the opening nutrition meeting that they bear in mind the generally recognized theory that nutrition makes two contributions to general well-being: nutrients and social experiences.

The delegates met in subsections for three days to consider the issues. Specific recommendations were made for alleviating the current nutritional plight of our elderly. The delegates recommended that most Federal funds for the elderly be spent on action programs to feed the malnourished. They requested that some funds be allocated to research on the aging process and on diseases of the aged and that some be used for nutrition education programs for the elderly.

The delegates recommended that food and nutrition services provided by institutions and home care agencies be more strictly controlled by Federal Government standards and enforcements. They recognized a need for all elderly residents of Federally assisted housing developments to have a variety of options for meals: group feeding, individual food purchasing, and home delivered meals.

Several changes in the food stamp programs were recommended specifically for the elderly: all elderly people should be allowed to use food stamps to purchase prepared meals; food stamp allotments should be based on the USDA low-cost food plan instead of the economy food plan; and the commodity food distribution program should be phased out in favor of the food stamp programs.

Finally, the delegates emphasized the responsibility of the Federal Government to insure the safety, wholesomeness, and adequate labeling of foods.

Conference sessions and recommendations

The formal Report of the Nutrition Section to the 1971 White House Conference on Aging follows. The

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report is a statement of the delegates' opinions and recommendations for the use of funds and activities related to nutrition.

REPORT OF THE NUTRITION SECTION

Introduction

We take it for granted that all older Americans should be provided with the means to insure that they too can enjoy life, liberty, and the pursuit of happiness. Adequate nutrition is obviously basic to the enjoyment of these rights.

Food is more than a source of essential nutrients—it can be an enjoyable interlude in an otherwise drab existence. Thus, provision should be made to meet the social as well as the nutritional needs of older people. A factor that adds dignity and significance to the life of the aged is the feeling that they too are useful and important. Assistance should be provided to make possible preparation of meals for themselves and others. Community meals, however, should be an alternative. Volunteer groups can be involved in such services as transportation, shopping, and distribution of hot meals. Young people should be encouraged to participate in these services and to join the elderly in meals.

All nutrition programs should be supplemented by appropriate educational measures. Older people should be protected from food quackery and unfounded nutritional claims. Lack of research, evaluation and communication leads to failure of otherwise good programs and to the perpetuation of poor programs. The search for more efficient and better means of providing for the good nutrition, health and happiness of older people should be a continuous process.

All recommendations regarding the nutrition of aging Americans should clearly include the elderly in small towns, rural and isolated areas, and the elderly in minority groups. Special cognizance must be taken of the long neglected needs of older Indians and other non-English speaking groups.

Majority policy proposals

1. It is recommended that the Federal Government allocate the major portion of funds for action programs to rehabilitate the malnourished aged and to prevent malnutrition among those approaching old age. However, adequate funds should be allocated for a major effort in research on the influence of nutrition on the aging process and diseases during old age in order to give meaning and impact to the action programs. Appropriate research findings must be made available to all action programs.

Since approximately one-half to one-third of the health problems of the elderly are believed to be related to

nutrition, we recommend that pilot programs be set up for the evaluation of the nutritional status of the elderly.

2. The Federal Government should establish and more strictly enforce high standards with specific regulations for the food and nutrition services provided by institutions and home care agencies that receive any direct or indirect Federal funds, require a high level of performance from State Government enforcement agencies, and when necessary, provide financial assistance to bring non-profit organizations up to standard. These standards should include such important areas as quality and nutritive value of food; methods of handling, preparing and serving foods; the special dietary needs of individuals; and the availability of and accessibility to nutritional counseling.

It is recommended that nutrition services and nutrition counseling be a required component of all health delivery systems, including such plans as Medicare, Medicaid, health maintenance organizations, home health services, extended care facilities, and prevention programs.

3. Government resources allocated to nutrition should be concentrated on providing food assistance to those in need. However, a significant portion of these resources should be designated for nutrition education of all consumers, especially the aged, and to the education by qualified nutritionists of those who serve the consumer including teachers in elementary and secondary schools, doctors, dentists, nurses, and other health workers. This can be accomplished immediately by increasing personnel and funds in existing agencies and institutions.

4. Federal Government policy must offer the older person a variety of options for meals, but should stress the favorable psychological values and the economies inherent in group feeding. The policy should require all Federally-assisted housing developments to include services or to insure that services are available for the feeding of elderly residents and for elderly persons to whom the development is accessible. Where a meal is provided, it should meet at least one-third of the nutrient needs of the individual. The policy should also require the provision of facilities (including transportation) for food purchase and meal preparation within each household of the development. In addition, Federal policy should encourage and support community agencies to provide facilities and services for food purchase, meal preparation and home delivered meals (often called Meals-on-Wheels) for eligible persons living outside housing developments or in isolated areas.

5. It is recommended that the Federal Government assume the responsibility for making adequate nutrition available to all elderly persons of the United States and its possessions.

Minimum adequate income (at least \$3,000 per single person and \$4,500 per couple) must be available to all elderly. Until money payments are increased above this minimum level existing food programs should be strengthened, including nutrition education, to meet the needs of the elderly. Therefore, it is recommended that:

- a) In addition to store purchases of food, food stamps be used for the purchase of meals in participating restaurants, school and community settings, and any approved home delivery systems.
- b) The food stamp program must be structured to conform to the USDA low-cost food plan at no increase in the cost of food stamps to the recipient.
- c) As long as low-income social security recipients are on fixed incomes they should be eligible for self-certification for food stamps and/or Public Assistance cash grants.
- d) Food stamp applications should be mailed with social security checks and stamps sent to older persons through the mail or by some other efficient, practical and dignified distribution method.
- e) The purchase of food stamps should be encouraged and facilitated by providing the first food stamp allotment without cost to the recipient, by permitting more frequent purchases and by distributing stamps at senior citizen centers.
- f) The approximately 1000 counties in the United States still using the Commodity Program must switch by December 31, 1972, to the Food Stamp Program for the individual feeding of the elderly. Until this is accomplished the Federal donated food should be made nutritionally appropriate, in packages of suitable size, and at readily accessible places.

It is recommended that the equivalent of a National school lunch program be established for Senior Citizens, not be limited to school facilities or to low-income persons. Basic components of the program should be:

- a) All USDA commodities should be fully available on the same basis as to the school lunch program.
- b) Funding should provide for adequate staff, food, supplies, equipment, and transportation.
- c) Elderly people should be employed insofar as possible.
- d) Auxiliary services should be built in, including recreational, educational and counseling programs.

It is recommended that nutrition specialists already in the field direct the recruitment of volunteers and/or paid part-time aides from among the elderly and train them to teach sound nutritional practices to older people in groups and in their homes. Qualified social workers should be utilized in getting client acceptance of the services being made available.

6. The responsibility for producing quality food rests with the food industry. However, it is the responsibility of the Federal Government to establish and enforce such standards as are necessary to insure the safety and wholesomeness of our National food supply, as well as improve nutritive value. To do this requires more personnel and funding. State requirements that meet or exceed Federal standards must be established, implemented and monitored with Federal support. Particular attention should be given to both nutrient and ingredient labeling of food products as a means of achieving greater consumer understanding. An inclusive list of the ingredients in any processed food should be made available by the manufacturer to the consumer on request.

POST CONFERENCE ACTIVITIES

Arthur S. Flemming, chairman of the White House Conference on Aging, will coordinate followup activities. Initially, information on the actions planned by delegates and their associates will be collected in order to stimulate development of new programs. Information from the many organizations involved in the Conference will be sought in order to determine which of the Conference recommendations are being developed and how citizen support for the programs is being developed.

Once this information has been gathered, representatives from the private and public sectors will be brought together to determine strategies for developing and implementing action plans. Although it is easy to agree on the broad goals expressed in the recommendations, it is much more difficult to agree on particular commitments to immediate and specific actions. Dr. Flemming and his committee will be continuously involved in activities designed to render, in Dr. Flemming's words, "more effective service on behalf of today's elderly" and to render those services "without losing too much time."

Followup activities on the recommendations of the nutrition section are also the responsibility of every nutritionist. A study of the Conference recommendations may suggest activities for local programs or offer ideas for new endeavors. As a result, the elderly in many communities will enjoy greater mealtime pleasures and improved nutritional status.

ICNE AND STATE NUTRITION COMMITTEES REPORT AT THE AMERICAN DIETETIC ASSOCIATION MEETING

The Interagency Committee on Nutrition Education (ICNE) participated in the 54th Annual American Dietetic Association meeting in Philadelphia, Pennsylvania, in October 1971. The functions and activities of this Committee, particularly as they pertain to State Nutrition Com-

mittees, were discussed by Mabel Walker of the Consumer and Food Economics Research Division, Agricultural Research Service, USDA, and past executive secretary of ICNE.

ICNE is responsible for maintaining communication on current nutrition developments and activities with the State Nutrition Committees. ICNE cosponsored with the Agricultural Research Service the National Nutrition Education Conference which was held in Washington, D.C., in November 1971. Each State Nutrition Committee was asked to send a representative to the Conference. These representatives came committed to a followup program of disseminating information from the Conference to local and State level personnel and to developing a plan of action for meeting the needs of youth in their area.

ICNE also disseminates information to the State and local levels by sending minutes of regular meetings to the State Nutrition Committees. Minutes of some of the State Nutrition Committees are in turn received by ICNE.

Once a year ICNE sponsors a session at an annual meeting of a professional organization in order to exchange information and ideas with members of State Nutrition Committees. In 1971 ICNE requested that representatives from three State Nutrition Committees report their activities to the American Dietetic Association conference.

Iowa Nutrition Council

Mrs. Pauline Mairs, Extension Nutritionist at Iowa State University, spoke of the activities of the Iowa Nutrition Council. The Council became functional "after many years of dormancy" as part of the followup activities of the White House Conference on Food, Nutrition and Health. The Council sponsored a Governor's Conference on Food, Nutrition and Health in order to bring the results of the White House Conference to the people of Iowa. A radio/TV project followed. A "Food for Health Day" was established and directed primarily toward elementary school children. The event generated enthusiasm for nutrition education in the State's school system.

Nutrition Council of Rhode Island, Inc.

Mrs. Patricia K. Adams, R.D., Nutritionist, Rhode Island Hospital Clinical Services, Providence, Rhode Island, spoke about the diet counseling service sponsored by the Nutrition Council of Rhode Island, Inc.

The idea of a diet counseling service originated in 1965. Rhode Island ranks very high among the States in mortality rates for diabetes and cardiovascular diseases. Few dietary counseling services were available at that time to non-hospitalized patients. In 1966, the Executive Director

of the Rhode Island Heart Association assembled a multidisciplinary planning committee for diet counseling. In 1967 the Nutrition Council of Rhode Island, Inc. (active since 1938) agreed to sponsor the diet counseling service and to further its development.

On June 1, 1970, operation of the diet counseling service began. Patients are referred to the service by physicians, dentists, neighborhood health centers, or hospitals. Sixty to seventy patients are counseled monthly. No fee is charged to those unable to pay. It is hoped that with increased use by private physicians, group health plans, model cities programs, district nurses associations, and home health care projects, this three-year demonstration project will become self-sustaining.

Ohio Nutrition Council

Mrs. Jean Poteet Jones, R.D., Nutrition Consultant, Columbus Public Health Nursing Services, Columbus, Ohio, spoke of the activities in Ohio. The Ohio Nutrition Council, originally called a committee, was established in 1940 and has functioned continuously since. Its original purpose was to extend information regarding nutrition and health to all individuals in the State. In 1963 the purpose was extended to include defining nutrition problems of Statewide significance, creating an awareness of these problems, recommending reliable sources of nutrition information, and promoting the coordination of activities related to nutrition.

In 1969 the committee added two new objectives: to assemble information on legislation related to nutrition and make appropriate recommendations, and to develop and promote new legislative action for food and nutrition. In 1971 a "power clause" was added which permitted the Council to borrow money and "accept contributions, promissory notes and pledges from any person."

Current activities of the Council include:

- An increasing involvement in legislative action.
- Release to State libraries of updated listings of nutrition resources.
- Establishment of a clearinghouse for nutrition education resources to encourage imaginative teaching of nutrition.
- Biennial State nutrition conferences which originated in 1952 and are now designed to give nutrition information to teachers, nurses, social workers, and others who have the opportunity to be nutrition communicators.
- Promotion of the inclusion of nutrition specialists in the policy-making level of health planning.